

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND

OLIVER COLEMAN

*(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

**-against-**

BANK OF AMERICA

*(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

**Complaint for a Civil Case**

Case No. 22CV3189 TJS  
(to be filled in by the Clerk's Office) TJS

Jury Trial: ☒ Yes ☐ No  
(check one)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>OLIVER COLEMAN</u>
Street Address	<u>3713 CRYSTAL LANE</u>
City and County	<u>TEMPLE HILL</u>
State and Zip Code	<u>MARYLAND 20748</u>
Telephone Number	<u>240-396-8795</u>
E-mail Address	<u>Scoby5359@gmail.com</u>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	<u>BANK OF AMERICA</u>
Job or Title (if known)	<u>HEADQUARTER - CORPORATE OFFICE</u>
Street Address	<u>100 NORTH TRYON ST,</u>
City and County	<u><del>CHARLOTTE</del> CHARLOTTE</u>
State and Zip Code	<u>N.C. 28255</u>
Telephone Number	<u>800 432-1000</u>
E-mail Address (if known)	<u>WWW.BANKOFAMERICA.COM/CONTACT</u>

Defendant No. 2

Name

BANK OF AMERICA N.A.

Job or Title

(if known)

Street Address

655 PAPER MILL ROAD

City and County

NEWARK, DE. 19711

State and Zip Code

Telephone Number

302-458-4798

E-mail Address

(if known)

Defendant No. 3

Name

BANK OF AMERICA

Job or Title

(if known)

HEAD QUARTER CORPORATION

Street Address

100 NORTH TRYON ST.

City and County

CHARLOTTE

State and Zip Code

N.C. 28255

Telephone Number

800-432-1000

E-mail Address

(if known)

WWW.BANKOFAMERICA.COM/CONTACT

Defendant No. 4

Name

NEAL S. MARKOWITZ ESQ

Job or Title

(if known)

(LEVY & ASSOCIATES) ATTORNEY

Street Address

P.O. BOX 182423

City and County

COLUMBUS, OH

State and Zip Code

OH 43218-2423

Telephone Number

T. (866) 767-3538 F 866-575-4747

E-mail Address

(if known)

LEGAL@LEVYLAWSFIRM.COM

Attorney for Bank of America.  
(74-59893)

(If there are more than four defendants, attach an additional page providing the same information for each additional defendant.)

## II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

### A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

(Social Security) 88-352, 31 U.S.C. 3720/601  
3720 A CODE of Federal (Regulation Benefit)  
DEBT collector garnish my (Federal Benefit)  
(Federal Laws Protects) - SSI Benefit

### B. If the Basis for Jurisdiction Is Diversity of Citizenship

#### 1. The Plaintiff(s)

##### a. If the plaintiff is an individual

The plaintiff, (name) Oliver Coleman, is a citizen of  
the State of (name) Maryland.

##### b. If the plaintiff is a corporation

The plaintiff, (name) NO, is incorporated  
under the laws of the State of (name) \_\_\_\_\_,  
and has its principal place of business in the State of (name)  
\_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*



2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) X, is a citizen of the State of (name) X. Or is a citizen of (foreign nation) X.

b. If the defendant is a corporation

The defendant, (name) BANK of AMERICA, is incorporated under the laws of the State of (name) NEWARK, DELAWARE, and has its principal place of business in the State of (name) NEWARK, DELAWARE. Or is incorporated under the laws of (foreign nation) NO, and has its principal place of business in (name) BANK of AMERICA.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

I feel being DISCRIMINATE, GARNISH  
SSA benefits, federal funds  
IN my ACCT. OF JUDGMENT.

### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

I Oliver Coleman open up acct. with BANK AMERICA, and have history of good credit with bank american, until 2019 made transaction AT BANK of AMERICAN 15215 Shady Grove R.D. ROCKVILLE M.D. 20850. at outside teller office, that morning appt AMERICAN sleep medicine up-staff appt. later on got letter said missed payment, went to Bank play camera, BACK, SAID did not work, SO I told BANK AMERICAN will not pay anymore, of 2019 and close my acct, I going out with disability insurance policy, PAIN, Suffer and stress refuse show proof, call police in ROCKVILLE NO help, civil matter, matter, information 3180911 incorrect, Go letter, threat, call 6 all has of NIGHTLY letter from District, some body call SAID have warrants, letter in mail, LAW FIRMS stuck gold envelope on door, I never go serve correctly. So call office on SAID of Neal MARKWITZ (866-767-3538) SAID garnish my SSI money, and take anything have in my names, threat, ~~that~~ I hired Lexington Law firm situation, clear matter, years ago. BANK of AMERICAN (552433524802) my last payment (9-19-2019) CHARGED OFF closed 01-01-2020, 2019 (2020) (2021) (2022) JAN of 2023, STATUTE IS 3 years, Been over 5 years, Come BACK SUE, me. Send (later out AUG 27, 2022). Letter.

(FRAUD)

#### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages. For any request for injunctive relief, explain why monetary damages at a later time would not adequately compensate you for the injuries you sustained, are sustaining, or will sustain as a result of the events described above, or why such compensation could not be measured.

I OLIVER COLEMAN RECEIVED SSI and Granddaughter  
JOE IN SECTION 8 HOUSING, FEDERAL PROGRAMS,  
TAKING GOVERNMENT MONEY AT ACCOUNT, LAWS  
TERMS, HAVE HISTORY OF COMPLAINTS, FRAUD,  
(BBB), (GARNISHMENT), ASK COURT ENTER MY 34  
PAGES EXHIBIT EVIDENCE SCHEME, OF GOING TO  
P.C.C. DISTRICT GETTING JUDGMENT TAKING MONEY  
OUT OF CITIZEN ACCTS. I OLIVER COLEMAN  
RECEIVED FEDERAL FUNDS, FROM GOVERNMENT.



**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 12-12, 2022

Signature of Plaintiff

Printed Name of Plaintiff

Oliver R. Coleman  
OLIVER R. COLEMAN

*(If more than one plaintiff is named in the complaint, attach an additional certification and signature page for each additional plaintiff.)*

**B. For Attorneys**

Date of signing: 12-12, 2022

Signature of ~~Attorney~~ PRO-SEL

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

Email Address

Oliver Coleman  
OLIVER COLEMAN  
PRO BONO  
3713 Crystal Lake Temple Mar 11  
240-396-8255 20248  
Scoby5315@gmail.com



## V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

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Date of signing: 12-12, 2022

Signature of Plaintiff

Printed Name of Plaintiff

[Signature]  
Oliver Coleman

*(If more than one plaintiff is named in the complaint, attach an additional certification and signature page for each additional plaintiff.)*

### B. For Attorneys

PDU BORO

Date of signing: 12-12, 2022

Signature of ~~Attorney~~

Printed Name of ~~Attorney~~

~~Bar Number~~

Name of ~~Law Firm~~

Address

Telephone Number

Email Address

[Signature]  
Oliver Coleman  
PDU BORO

3713 Crystal Lane Temple Hill MD

SCORBY 53159 Gmail.com